

Preventing a “Revolving Door” Workforce: Lessons from the Literature

In Wisconsin, as in other states, direct care worker turnover is high. Analysis of recent Wisconsin data indicates that turnover among direct care workers ranges between 77% and 164% in assisted living settings (Sager, 2002); 99 and 127 percent in nursing facilities; and 25 and 50 percent in home health agencies (Dresser et al 1999). Long-term care organizations are generally able to retain a handful of core staff; but most suffer from a continuous “revolving door” among new hires.

The Cost of the Revolving Door

The revolving door is costly. In direct costs, the Wisconsin Alzheimer’s Institute estimates that the average direct financial cost of each employee exit in assisted living settings is over \$2,500 (Sager, 2002). Continual turnover of staff also has multiple indirect costs. Most importantly, it disrupts the quality of relationships that might otherwise exist between care-receivers and frontline care workers. In Wisconsin nursing home settings, high turnover of staff has been linked to negative quality of life for residents, measured by higher levels of federal deficiencies, more resident pressure sores, and complaints lodged against the facility (Dresser et al, 1999). Several studies have found that residents and family members consider staff turnover to be a primary indicator of the quality of care (Greene, et al, 1998, Larsen, 2000). Moreover, consumers consistently cite the rapport between themselves and their direct care workers above other potentially important measures of quality care (Wilner 1998).

The Causes of the Revolving Door

It is difficult to pinpoint the one or two causes of the care worker revolving door that interrupts relationships and degrades the quality of care. This is because care workers’ commitments to their jobs are determined by a combination of factors, including personal circumstances, local labor market conditions, and the job itself.

In response to what many are calling a labor crisis, employers have waged massive recruitment efforts, but these have ultimately fallen short of providing the desired stable work force. Employers have been more reluctant to take up the retention problem by changing the actual work conditions and terms of employment. Nevertheless, the role of low job satisfaction among care workers has garnered the attention of a number of researchers.

Based on studies of care workers employed in nursing home, assisted living, and home health care settings, the following can be gleaned as the most important sources of care worker dissatisfaction. (Banaszak-Holl and Hines, 1996; Dawson and Surpin, 2001; Dresser, et al; 1999; Salmon, et al 1999; Sheridan, et al, 1992; Stone et al 2002).

- Low pay
- Limited benefits
- Lack of opportunity for career advancement
- Lack of respect and support from administrators and direct supervisors
- Lack of permanent and predictable client assignments
- Lack of autonomy or involvement in decision-making
- Unreasonable workloads
- Poor training

The more promising strategies for reducing turnover appear to be rooted in improving care workers' pay and benefits, building opportunities for broader care worker participation, and providing meaningful training.

- **Better Pay and Benefits**

Two recent studies in Wisconsin point to the importance of wages to retention and worker satisfaction. One 1999 study found that turnover levels are significantly lower in Wisconsin nursing homes that provide above average wage levels (Dresser et al 1999). Another large study conducted between 1999 and 2001 of Wisconsin assisted living and home health workers found that over 90 percent of over 1,200 workers surveyed agreed that their work was important and gave them a sense of accomplishment; however, the two chief complaints were low pay and limited benefits (Sager 2002).

Wages for direct care work are almost universally low and deviate only slightly within and across settings. Thus, the statistical tools traditionally used by social scientists, such as regression analyses intended to identify the most important causal mechanisms, become poor instruments for measuring the exact relationship between wages and retention. Organizations that provide higher pay levels for workers also provide other benefits, such as greater worker autonomy, more extensive training, and health and pension benefits (Dresser et al 1999; Salmon et al 1999). Thus, the observed relationship between pay and retention may be tied into a broader constellation of factors, two of which appear below.

- **Building Opportunities for Broader Care Worker Participation**

Greater participation of care workers in decision-making related to client care is associated both with lower staff turnover and higher quality of care (Stone, et al 2002; Banaszak-Holl and Hines, 1996). Programs that involve workers in care planning, orientation, hiring, and training of new workers create concrete ways in which to recognize and apply the skills of more experienced and committed veteran workers. However, program evaluations have consistently shown that implementation is key; specifically, mentor or interdisciplinary team program that had not garnered the full support of all levels of management have resulted in inconsistent or negative outcomes (Sager, 2002; Stone, et al, 2002; Iowa Caregivers Association, 2000).

- **Meaningful Training**

Adequacy of training has been linked to staff turnover (Government Accounting Office, 2001). There are few studies that document the specific types of training programs that best prepare care workers for their jobs and improve quality of care. However, specialized training has shown demonstrated benefits to quality of care. Dementia care training is one that has been studied and shown to be useful. One study found that care workers who attended personalized training in dementia care that included practice and feedback sessions were better able to manage both aggressive and non-aggressive physical and verbal client behaviors. Moreover, clients whose caregivers received the specialized training had positive outcomes in terms of depressive symptoms (McCallion, et al 1999). Similarly, one extensive literature review found that specialized dementia training for staff resulted in improvements in residents' behaviors, such as combativeness (Beck, et al 1999).

Worker Cooperatives: a Promising Model

Worker-owned home care cooperatives provide a particularly promising way of remedying many of the problems associated with worker dissatisfaction and high turnover. Perhaps most important for care workers, these cooperatives have been consistently able to pay above average wages and benefits relative to their competitors. In addition to offering more extensive training and potential for worker involvement, one worker-owned home care coop, Cooperative Home Care Associates (CHCA), located in the Bronx, offers health benefits, as well as wages 10 to 20 percent above competitors. Researchers have estimated that approximately 80 percent of CHCA's revenue is paid out in the form of wages and benefits to workers (Inserra et al 2002). More locally, Cooperative Care, a worker-owned home care cooperative in Waushara County, Wisconsin (described in more detail in the Community Links Workforce Report) provides relatively high levels of pay and benefits, paid personal time, health benefits, and profit-sharing to workers. Cooperative Care accomplishes this, despite limited resources, by streamlining administrative overhead, negotiating with the county on rates, and expanding its base of private pay clients.

Staff turnover rates within home care cooperatives are low. The most recent turnover statistics reported from CHCA in the Bronx are between 20 and 30 percent, compared with 40 to 60 percent among their competitors (Inserra et al 2002). Likewise, since its inception in January, 2001, Wisconsin's Cooperative Care has lost only two of its 83 member-owners. The costs and benefits of Cooperative Care, including quality of care, financial costs, and worker retention, have yet to be fully assessed.

Conclusion

Improving care workers' jobs has been shown to diminish the "revolving door" problem and improve quality of care. The research reviewed here highlights the importance of enhancing care workers' conditions of work through various means, including improving pay and benefits, building opportunities for broader care worker participation, and providing meaningful training.

For further information related to specific recruitment, retention, and training programs, see "Useful Websites" on the final page of this report.

This document was developed under grant CFDA 93.779 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal government.

*This report was prepared by Julie Whitaker
Long Term Care Workforce Specialist
Bureau of Aging and Long Term Care Resources
Wisconsin Department of Health and Family Services
608/266-8778
whitaja@dhfs.state.wi.us*

References

- Banaszak-Holl, Jane and Hines, Marilyn A. (1996). Factors Associated with Nursing Home Staff Turnover, *The Gerontologist*, Vol. 36, No. 4, pp. 512-517.
- Beck C., Ortigara A, Mercer S., Shue V. (1999). Enabling and Empowering Certified Nursing Assistants for Quality Dementia Care. *International Journal of Geriatric Psychiatry*, Vol. 14, No. 3, pp. 197-212.
- Dawson, Steven L. and Rick Surpin (2001). Direct-Care Healthcare Workers: You Get What You Pay For, *Generations*, Vol 25, No. 1, pp. 23-28.
- Dresser, Laura, Dori Lange, and Alison Sirkus (1999). Improving Retention of Frontline Caregivers in Dane County. Madison, Wisconsin: Center on Wisconsin Strategy.
- Government Accounting Office (2001). Nursing Workforce: Recruitment and Retention of Nurses and Nurses Aides is a Growing Concern. Washington D.C. May 17.
- Greene, Angela., Hawes, Catherine., Wood, Mary. & Woodsong, Cynthia. (1998). How do Family Members Define Quality in Assisted Living Facilities? *Generations*, Vol 21, No. 4, pp. 34-36.
- Hawes, C., Phillips, C.D. and Rose, M. (2000). High Service or High Privacy Assisted Living Facilities, Their Residents and Staff: Results from a National Survey. U.S. Department of Health and Human Services.
- Inserra, Anne, Maureen Conway, and John Rodat. (2002). Cooperative Home Care Associates: A Case Study of a Sectoral Employment Development Approach. Washington D.C.: The Aspen Institute.
- Iowa Caregivers Association (2000). Certified Nursing Assistant Recruitment and Retention Project "Final Report Summary." December.
- Larsen, S.R. (2000). Better staffing: Retention is the key. *Assisted Living*, November 2000, pp. 46-47.
- McCallion, Philip, Ronald W. Roseland, Debra Lacey, and Steve Banks (1999). Educating Nursing Assistants to Communicate More Effectively With Nursing Home Residents With Dementia. *Gerontologist*, Vol. 39, No. 5, pp. 546-558.
- Sager, Mark, Wisconsin Alzheimer's Institute (2002). Long Term Care Symposium. Madison, Wisconsin. November.
- Salmon, Jennifer R., Carol Crews, Sue Reynolds-Scanlon, Yuri Jang, Sharon M. Weber, and Mary L. Oakley (1999). Nurse Aide Turnover: Literature Review of Research, Policy and Practice. Tampa, Florida: University of South Florida.

Sheridan, John E., John White, and Thomas J. Fairchild, T. (1992). Ineffective Staff, Ineffective Supervision or Ineffective Administration? Why Some Nursing Homes Fail to Provide Adequate Care. *The Gerontologist*, Vol 32, No. 3, pp. 334-341.

Stone, Robyn I., Susan C. Reinhard, Barbara Bowers, David Zimmerman, Charles D. Phillips, Catherine Hawes, Jean A. Fielding, and Nora Jacobson (2002). Evaluation of the Wellspring Model for Improving Nursing Home Quality. Washington D.C.: Institute for the Future of Aging Services.

Wilner, Mary Ann and Ann Wyatt. (1998). Paraprofessional on the Frontlines: Improving Their Jobs – Improving the Quality of Long Term Care September 10-11, 1998; Washington D.C.: AARP; 1999

USEFUL WEBSITES

Direct care workforce recruitment; training; peer support and mentoring; career advancement; management and supervisory training; culture change and caregiving practices; and wage and benefits:

Paraprofessional Healthcare Institute and the Institute for the Future of Aging Services: www.directcareclearinghouse.org

Dementia services and training:

Best practice training materials: www.dhfs.state.wi.us/aging/Alzheimer's

Dementia Care Australia: www.dementiacareaustralia.com

Alzheimer's Association, National: www.alz.org;
800-272-3900

Alzheimer's Association, South Central Wisconsin Chapter:
www.alzwisc.org; 800-428-9280

Alzheimer's Association, Southeastern Wisconsin Chapter:
www.alzheimers-sewi.org
800-922-2413

Alzheimer's Association, Greater WI Chapter (no website)
800-360-2110

Partners in Caregiving: the Dementia Services Program:
www.rwjf.org/reports/npreports/partnerse.htm

National Administration on Aging Alzheimer's Demonstration Projects:
www.aoa.gov/alz/bg/bg.asp